

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-JUN-2011		TIME 01:48:00		2. ADDRESS OF OCCURRENCE 6226 S WOLCOTT AVE CHICAGO, IL 60636		3. LOCATION CODE 303		4. BEAT/OCCUR 0714		
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME SIERRA	7. FIRST NAME GILDARDO	8. STAR NO 3656	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. RACE CODE S	11. AGE 600	12. HT. 600	13. WT. 230	
	14. DATE OF APPL 30-SEP-2002	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT 007 0714R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
SUBJECT INFORMATION	20. LAST NAME FARMER	21. FIRST NAME FLINT	22. M.I.	23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24. RACE BLK	25. D.O.B.	26. HT. 510	27. WT. 170		
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
REASON FOR USE OF FORCE (Check all that apply)	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM? M. E. HINES #69	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	36. CHARGES PLACED		37. CB NO		IR NO.					
WEAPON DISCHARGE INCIDENT	38. PASSIVE RESISTER		39. ACTIVE RESISTER		40. ASSAULT/ASSAULT		41. ASSAULT/BATTERY		42. ASSAULT/DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input type="checkbox"/> OTHER CHARGED POWITH APPARENT FIRE <input checked="" type="checkbox"/>	
CASE INFO.	MEMBER PRESENCE VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT/HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact/Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/> OTHER	
	43. WEAPON TYPE <input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 OTHER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		44. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		45. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		46. WEATHER CONDITIONS CLEAR			
SIGNATURES	47. MAKE/MANUFACTURER SIG S&W SWISS INDUSTRIAL GESELLSCHAFT AG		48. MODEL P226		49. BARREL LENGTH 4.5		50. CALIBER/GAUGE 9 MM			
	51. TASER DART ID NO.		52. WEAPON SERIAL NO. (Include Letters) U863435		53. CHICAGO GUN REG. NO. 630546		54. FIREARM OWNER ID. NO.		55. HANDGUN CERTIFICATE NO.	
SIGNATURES	56. SPECIAL WEAPON CERTIFICATE NO.		57. PROPERTY INVENTORY NO.		58. TYPE OF AMMUNITION USED Department Issued		59. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		60. TOTAL NO. OF SHOTS MEMBER FIRED 16	
	61. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		62. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		63. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 15		64. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (SPECIFY)		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
SIGNATURES	66. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (SPECIFY)		67. SPECIFY METHOD/EQUIPMENT USED TO RELOAD TACTICAL RELOAD		68. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		69. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		70. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	
	71. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		72. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		73. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR.		74. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	
SIGNATURES	75. REPORTING MEMBER (Print Name) SIERRA, GILDARDO		STAR/EMPLOYEE NO. 3656		SIGNATURE		DATE REVIEWED 07-JUN-2011 09:12:23		TIME 1045580	
	76. REVIEWING SUPERVISOR (Print Name) KULBIDA, EDWARD J		STAR NO. 100		SIGNATURE		DATE REVIEWED 07-JUN-2011 09:12:23		TIME 1045580	

CPD-11.377 (REV. 10/07)

Attachment # 7

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECTS STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject DOA

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the preliminary facts known at this time the Undersigned is requesting further investigation into this incident.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1045950 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

LODDING, HOWARD W

SIGNATURE

DATE COMPLETED TIME

07-JUN-2011 09:53:27

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT
☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1

LOG # 1045950
Attachment # 7